MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	ı					
2	ı					
3	ı					
4	ı					
5	ı					
6	ı	ı				
7	ı					
8		7				
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46						
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48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	84					
TOTAL CLAIMS	91					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

12
7
84